

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1534

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 39

1. PLACE OF DEATH

(a) County. Adair
(b) City or town. Kirksville
(c) Name of hospital or institution: Stickler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME WILLARD HENRY GOOCH

3. (b) If veteran, name war. No. 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Gooch 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 5 (Day) 1871 (Year)

8. AGE: Years Months Days If less than one day
69 11 27 hr. min.

9. Birthplace Linn County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business

12. Name Henry H. Gooch
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Heleen Robinson
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Gooch

(b) Address Elmer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Elmer

18. (a) Signature of funeral director Clyde McCollum

(b) Address Elmer, Mo.

19. (a) Feb. 4-1941 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Macon
(c) City or town Elmer (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1941 hour 7 00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 28 1941 to Feb 1 1941; that I last saw him alive on Feb 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 15 min
Due to Asthma years

Due to General arteriosclerosis years
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94 P
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

3 While at work? (Specify type of place) (e) Means of injury
23. Signature RO Stickler (M. D. or other) CMD
Address Kirksville Mo Date signed 2-4-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-384

Date Filed FEB 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clyde W. Callum

Licensed Embalmer No. 3226

P. O. Address Elmer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.